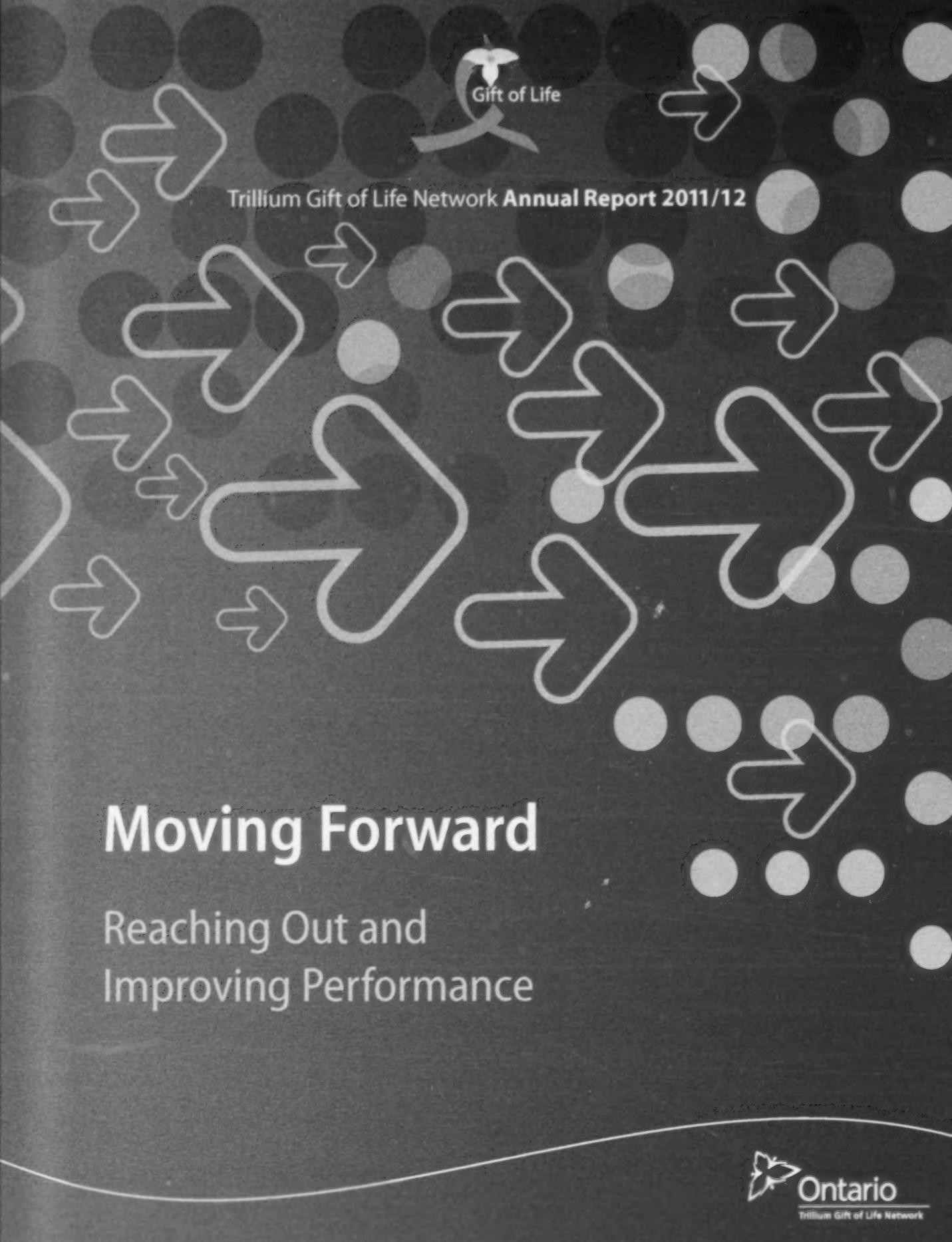

Trillium Gift of Life Network **Annual Report 2011/12**

Moving Forward

Reaching Out and Improving Performance

Ontario
Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Values

We are an effective, innovative leader in organ and tissue donation and transplantation, working in an environment of honesty, trust, respect, compassion and cooperation.

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Ronnie Gavsie, *President and CEO of Trillium Gift of Life Network (TGLN) with organ and tissue recipients.*
L-R: Lisa Huhn, Justin Poy, Mohan Bissoondial, Jaida Marae Fairman, Ronnie Gavsie, Hattie Dunstan, Matthew Ayuen, Mark Gwodz, Jennifer Monteith

Message from the Chair of the Board and the President and CEO

This year, Trillium Gift of Life Network (TGLN) moved forward with some exciting and successful initiatives as we worked with our partners to break records in saving and enhancing lives through organ and tissue donation and transplantation.

Improving Organ and Tissue Donation Performance

In 2011/12, TGLN surpassed all previous Ontario organ donor records, with 222 deceased organ donors. Hamilton Health Sciences, London Health Sciences Centre and The Ottawa Hospital continue to lead the province with the highest number of donors.

We actively worked with 33 hospitals to build and revitalize donation services and improve and sustain donation numbers through the adoption of best practices and the collection and feedback of performance metrics. We expanded our reach to 12 new hospitals, helping them implement mandatory reporting of death or imminent death to TGLN. As well, our work with hospitals that had previously not met their benchmark conversion rates paid off:

Ronnie Gavsie, *our new President and CEO, joined TGLN last July. She brings a wealth of leadership and health industry experience through her work as a Senior Partner with KPMG LLP, President and CEO of the Ontario Genomics Institute and as Managing Director of the Research and Health Promotion Practice at PricewaterhouseCoopers Canada.*

Ronnie worked tirelessly this year to enhance the partnerships that support and enable organ and tissue donation and transplantation and spread the word about the importance of registering more donors. She reached out to key opinion leaders, government officials, members of the public, hospital representatives, health care professionals and many others across the province.

two of the most important contributing donor centres — University Health Network (UHN) and Sunnybrook Health Sciences — met or exceeded benchmarks. Eight of the 21 designated hospitals have now met benchmark rates for three or more consecutive years.

TGLN exceeded its organ yield goal this year, with a record 3.72 organs per donor. These gains were made possible through early intervention and support during the donation process, timely access to organ-specific tests, advanced standardized infectious disease testing of high-risk donors and technological advances, including lung repair at UHN and the province-wide use of kidney profusion pumps.

We met 91 per cent of our multi-tissue target, a 7 per cent increase over 2010/11, and achieved a 200 per cent increase in skin donations.

We set a new record for tissue donors, with an 8 per cent increase over last year, or 1,749 donors. Our partnerships with hospitals and hospital-wide reporting increased the pool of donors, and the ongoing Call-Screen-Connect strategy increased tissue consent to 39 per cent.

Increasing Registered Donors

TGLN's drive to register donors across the province was met with significant enthusiasm. The launch of online donor registration through **BeADonor.ca** was a game changer, generating widespread media interest and over 300 mentions, with a potential reach of 60 million people online. **BeADonor.ca** provides a simple, convenient and quick way for Ontarians to register their consent for organ and tissue donation or to check whether they are already registered.

As of March 31, 2012, 2.4 million — 21 per cent — of eligible Ontario residents were registered organ and tissue donors. Registered donors increased in 2011/12 by 287,325 — surpassing the target of 216,000. In total, 44,289 registrations came through **BeADonor.ca**.

In addition to advertising, social media and earned media played a vital role in increasing online donor registrations through **BeADonor.ca**. For example, as she waited for a double-lung transplant, Ottawa's Hélène Campbell successfully capitalized on the power of social media to raise awareness of the need for organ donation and the importance of donor registration, creating a surge in online donor registrations.

Partnering for Success

TGLN took on a larger system oversight role in 2011/12. Working collaboratively with the Ministry of Health and Long-Term Care (MOHLTC) to create a donation and transplantation structure, TGLN joined with provincial partners and experts in donation and transplantation through the Donation Steering Committee, the Transplant Steering Committee and the Heart/Lung, Kidney/Pancreas and Liver/Small Bowel Working Groups.

We also partnered with Canadian Blood Services to prepare for the launch of the National Organ Waitlist (NOW), which replaces the current waitlist maintained by London Health Sciences Centre.

Celebrating Our Families

Donor families are at the core of what we do. This year, we expanded support for and recognition of donor families, and included both organ and tissue donor families in our *Celebration of Life* events. In addition to support material, tissue donor families now receive a personal letter every three months for the first year after donation, and our Family Services Advisor has been made available to support them.

Supporting Volunteers

As awareness and understanding of the importance of organ and tissue donation and transplantation grow across the province, more people have become involved in the drive to save and enhance lives. We now have more than 300 volunteers, and we supported over 400 volunteer events promoting organ and tissue donor registration during the year. Partnerships with faith-based leaders and diverse communities to enhance awareness of organ and tissue donation and promote donor registration have provided a strong foundation on which to build as we move forward.

Driving Quality and Performance

This year, TGLN implemented key streamlining and productivity improvement processes to reach our quality management goals and comply with Health Canada's *The Safety of Human Cells, Tissues and Organs for Transplantation (CTO) Regulations*. Significant strides in enhancing information systems to support evidence-based decision-making and facilitate improvement and efficiencies in service delivery were also made.

Thank You

Our success in moving forward, reaching out and exceeding targets is directly attributable to the dedication of our staff and our Board members, the collaboration of our partners and the ongoing support of our many volunteers. We are especially grateful for the support of MOHLTC, for the skill and commitment of the critical care and transplant physicians and, most importantly, for the generosity of donor families. It is through their hard work, dedication and vision that we are able to save and enhance lives in Ontario, every day.

As grateful as we are for the successes, we must not relax. The challenge to save and enhance more lives remains enormous. We are committed to doing whatever it takes, working diligently to meet the challenge and to enhance the donation and transplantation system in Ontario.

Ronnie Gavsie
President and CEO

Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Goals

Maximize organ and tissue donation for transplantation in partnership with stakeholders	Deliver high-quality, efficient services and operations	Inspire and motivate Ontarians to register their consent to donate organs and tissue	Position TGLN as a workplace of choice

Objectives for 2011/12 fiscal year

Achieve a 57 per cent TGLN conversion rate for organ donation at Tier 1 hospitals, 234 organ donors and a 3.44 organ yield per donor	Achieve a 35 per cent tissue consent rate, 1,841 tissue donors and 160 multi-tissue donors	Implement a comprehensive corporate-wide quality management system, meet reporting requirements and achieve efficiencies in work processes	Work collaboratively with national and provincial partners to ensure appropriate roles, accountabilities and linkages in the donation and transplant system	Achieve 216,000–370,000 additional donor registrations in the MOHLTC database	Improve staff engagement

Michelle DiEmanuele
President and CEO of The Credit Valley Hospital and Trillium Health Centre, Mississauga

Objective 1

Achieve a 57 per cent TGLN conversion rate for organ donation at Tier 1 hospitals, 234 organ donors and a 3.44 organ yield per donor

Overview

This year, we exceeded targets in a number of important areas. One of our biggest achievements was reaching a conversion rate (the percentage of potential organ donors converted into actual donors) of 60 per cent for the 21 designated hospitals (previously titled Tier 1). We also:

- Surpassed our organ donor record, with 222 organ donors (the previous record of 221 donors was set in 2009/10);
- Increased organ referrals by 42 per cent, from 1,227 in 2010/11 to 1,741; and
- Exceeded the goal set for organ yield, with a record 3.72 per donor.

Although we are proud of reaching the 60 per cent conversion rate, medical suitability continued to be an obstacle to achieving our donor target. Only 63 per cent of potential donation cases (where family consent for organ donation was obtained) resulted in organ

recovery for transplant. This trend was echoed in the ratio of organ referrals to actual donors — from 5.8 referrals in 2010/11 to 7.8 in 2011/12.

We moved towards creating and implementing more consistent guidelines and practices for the effective management of organ and tissue donation in the province. To help coordinate this work, we established a Donation Steering Committee, which endorsed several important donation best practices, positively contributing to TGLN's work with hospitals. These practices include standardized provincial clinical triggers to promote timely referral and having TGLN staff approach families for consent. We know that having TGLN Coordinators involved in the donation discussion with donor families can significantly increase organ consent rates (68 per cent vs. 15 per cent), and we will continue to work with hospitals to make this a best practice.

*** Hospitals that met or exceeded benchmark**

Children's Hospital of Eastern Ontario
Hamilton Health Sciences
Health Sciences North
Hôtel-Dieu Grace Hospital
Kingston General Hospital
London Health Sciences Centre
The Ottawa Hospital
St. Mary's General Hospital
St. Michael's Hospital
Sunnybrook Health Sciences Centre
Thunder Bay Regional Health Sciences Centre
University Health Network

Twenty-One Designated Hospitals

We continued efforts to help improve the donation performance of the 21 hospitals in Ontario with the highest organ donation potential. We provided data to support best practices, revitalized the membership of donation committees and promoted accountability with continual feedback of performance metrics.

This year, 12 of the 21 hospitals met or exceeded benchmarks, and seven hospitals matched or exceeded their highest conversion rate in three years. London Health Sciences Centre, Hamilton Health Sciences and The Ottawa Hospital continue to lead the province with the highest number of donors. Sunnybrook Health Sciences and University Health Network met or exceeded benchmarks.

We also continued to work with hospitals that had not met their benchmark conversion rate in previous years, developing specific plans to help them reach their goals. Eight of the 21 hospitals have now met their benchmark rates for three or more consecutive years. The hospitals that did not meet this conversion rate did achieve performance bests: several hospitals completed their first donation after cardiac death (DCD), or reached their highest conversion rate to date (Scarborough General Hospital, Trillium Health Sciences Centre and Kingston General Hospital).

Ten hospitals have approved the standardized provincial clinical triggers and eight now have a formal, committee-approved process to follow up on organ donation case variances from identified best practice. We continue to work with all hospitals to implement best practices.

Twelve Newly Designated Hospitals

Beyond the original group of 21 hospitals, 12 new hospitals with Level 3 Critical Care capability (advanced ventilator capacity) began mandatory reporting to TGLN of death or imminent death of patients in critical care units in 2011/12. As part of our support for these additional hospitals, we implemented a new service delivery model that included the use of a Referral Triage Coordinator, who is dedicated to responding to ventilated organ

Jaida Marae Fairman
Toronto

Liver transplant, November 2008

***Jaida Marae Fairman** was born on September 26, 2007, to the delight of her parents Melissa and Marlon. Jaida was given a clean bill of health and released from hospital the very next day. Two days later, though, she became jaundiced and was taken to her pediatrician for a check-up. After numerous tests, it became clear that Jaida had a very rare liver disease. Her jaundice became progressively worse and, in December 2007, at 11 weeks old, Jaida was diagnosed with Biliary Atresia (BA), which affects approximately 1 in 15,000–20,000 newborns. BA is not hereditary or preventable. On December 12, 2007, Jaida underwent a successful eight-hour surgery. In March 2008, however, Jaida was diagnosed with secondary liver failure and placed on the transplant list. She received her gift of life in November 2008 from a living donor, a longtime friend of the family. Jaida is now a happy, funny 3-year-old who "brings joy to everyone around her," says Melissa. "We are forever grateful to our dear friend for his courageous decision."*

referrals from hospitals and can make an advanced assessment of a potential donor. The use of these Coordinators has contributed to the success of clinical service delivery to the new hospitals and enabled us to process the increase in organ referrals.

The 12 hospitals that began routine notification in 2011/12 now closely match the timely referral rate of the original cohort of 21 hospitals, with a 26 per cent increase in timely referral rates. All 12 hospitals have introduced the standardized provincial clinical triggers, 11 have struck organ and tissue donation committees and more than half are in the process of approving or have completed new organ and tissue donation policies consistent with the provincial template, approved for circulation by the Provincial Steering Committee.

Although only half of the new hospitals started mandatory reporting requirements in the past six months, donors from the new group of 12 hospitals increased from 14 to 20 over the year.

Province-Wide Initiatives

TGLN continues to support the work of those hospitals that have not yet implemented mandatory reporting to TGLN of the death or imminent death of patients in critical care units, but who are looking to come on board. Recent changes to Accreditation Canada* standards for organ and tissue donation have triggered a significant increase in the number of hospitals requesting education and tools to help them meet the standards. Standardized provincial clinical

* Accreditation Canada's standards programs enable health service organizations to put practical and effective quality improvement initiatives into practice. Their comprehensive standards "ensure a thorough assessment of all aspects of an organization's operations, from the board, to management, to staff and services, to patients and clients." (www.accreditationcanada.ca)

Justin Poy
Richmond Hill

Kidney transplants, December 1983, April 1996 and March 2009

When he was just ten years old, Justin noticed blood in his urine. Streptococcus bacteria had triggered an autoimmune disease and Justin was placed on dialysis at SickKids. He received his first (cadaveric) transplant on Christmas Eve in 1984. Justin remembers feeling reborn — that he had incredible energy and was able to participate in sports and other physical activities. That year, Justin enjoyed four family vacations — and remembers the freedom and the excitement very well. Twelve years later, that first kidney failed, and in 1996, Justin received his second (cadaveric) transplant, on Good Friday. Three years later, he married, and the following year, welcomed his first child. In March 2009, Justin received his third gift of life, this time from his mother. He notes that, "I don't have a fear of death anymore. It's been replaced by the uneasiness of not being here for my children. My experiences have changed me in every way: I don't take things for granted and I don't waste a single day."

triggers and policies and procedures have been disseminated to all organizations that have contacted TGLN. This is in line with the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Transplant Action Team's recommendations, which called for an integrated organ and tissue donation and transplantation system in Ontario, with oversight by TGLN.

TGLN worked with its hospital partners to promote early evaluation of medical suitability in the beginning stages of the donation process, including timely access to organ-specific tests and the implementation of donor-management goals to support organ function during the lengthy donation process. One of the outcomes of this early intervention and support was an increase in the availability of medically suitable organs for transplant.

This year, overall organ yield increased to 3.72 organs per donor, compared to 3.50 in 2010/11:

- Lung utilization rates increased as a result of UHN's lung repair program, through which lungs previously unsuitable for transplant are recovered and brought back to the repair laboratory for evaluation on an ex-vivo machine prior to transplantation.
- More advanced standardized testing in donors who had a high risk of infection allowed transplant programs to accept more organs from donors that would normally have been rejected because of possible disease transmission to the organ recipient.
- All kidney transplant programs in Ontario now have the ability to place kidneys on pulsitile profusion pumps, which better support the organ until it is transplanted and reduce the possibility of the organ being rejected.

Dr. Shaf Keshavjee
Transplant Surgeon and Surgeon-in-Chief, University Health Network

Objective 2

Achieve a 35 per cent tissue consent rate, 1,841 tissue donors and 160 multi-tissue donors

Overview

TGLN set a new record for tissue donors this year, achieving an 8 per cent increase over last year, with 1,749 tissue donors available for transplant, research and education. Our partnership with hospitals and the ongoing Call-Screen-Connect strategy increased tissue consent to 39 per cent, exceeding our target.

Approach for Consent

Tissue Coordinators at the 24-hour Provincial Resource Centre approached families 74 per cent of the time; health care professionals spoke to families the rest of the time. TGLN Coordinators achieved significantly more success.

Results

TGLN met 91 per cent of its multi-tissue target and achieved a 7 per cent increase in multi-tissue donations from 2010/11. There was a 200 per cent increase in skin donations and a slight increase in heart for valve donations. Bone donations decreased by 18 per cent. The increase in overall tissue donors was triggered by the expansion of required reporting by select units in 12 new hospitals in the province during 2011/12. This change increased referrals to TGLN by 24 per cent, with many of the hospitals achieving a compliance rate of over 90 per cent. Despite this increase, there was a 5 percent increase in medically unsuitable donors over 2010/11, and two major hospitals experienced lower donor rates. Overall, TGLN fell short of its tissue target for 2011/12 by 92 tissue donors.

Efforts to maximize results

The decrease in medically suitable tissue donors experienced in 2011/12 was accompanied by a decrease in donations from some of the traditionally higher-volume centres. Through enhanced tissue performance reports, we worked with these centres to better identify some of the issues. We shared our results with the hospitals and identified strategies to work in partnership to address areas for improvement, including strategies to improve our approach rate with potential donor families, and to ensure that all suitable patients and families are given the opportunity to give the gift of tissue.

This year, we accelerated the notification of hospitals for required reporting, as we sought to increase referrals and to identify a larger number of potential tissue donors. By increasing the rate of referrals, we hoped to expand the pool of potential tissue donors and offset the decrease in actual donors caused by the rise in medical unsuitability. TGLN also worked with five of the seven existing reporting hospitals in Ontario (Health Sciences North, London Health Sciences Centre, Royal Victoria Hospital, St. Michael's Hospital and Thunder Bay Regional Health Sciences Centre) to expand their required reporting of patient deaths from the critical care areas to all units in the hospital, and thereby further increase mandatory referrals.

Training and education were provided by our Hospital Development Team to many of the hospitals and education staff, so that they, in turn, could provide comprehensive support to clinical staff.

TGLN continued to work with its partners in coroners' offices to help them create strategies and protocols whereby deaths outside of hospital are referred to TGLN and the opportunity for tissue donation is offered to the families of the deceased.

Eyes

TGLN's eye recovery team received a significant boost this year from the Toronto Automobile Dealership Association, in the form of a tissue recovery van. The van aids in the recovery and delivery of much-needed tissue for patients awaiting corneal transplants.

Our partnership with hospitals and the ongoing Call-Screen-Connect strategy increased tissue consent to 39 per cent this year, exceeding our target.

Skin

In partnership with the Ontario Professional Firefighters Skin Bank, we expanded our geographical reach within the Greater Toronto Area (GTA) for recovery capabilities. This resulted in a steady increase in skin donation throughout the year. We continue to collaborate with all of our tissue banks on recovery initiatives, and to work towards a model that would enable a more cohesive recovery system. One example is the agreement that TGLN facilitated between Mount Sinai Allograft Technologies and The Hospital for Sick Children's cryopreservation laboratory. This agreement will help the bone recovery team recover hearts for valves on behalf of the SickKids tissue bank.

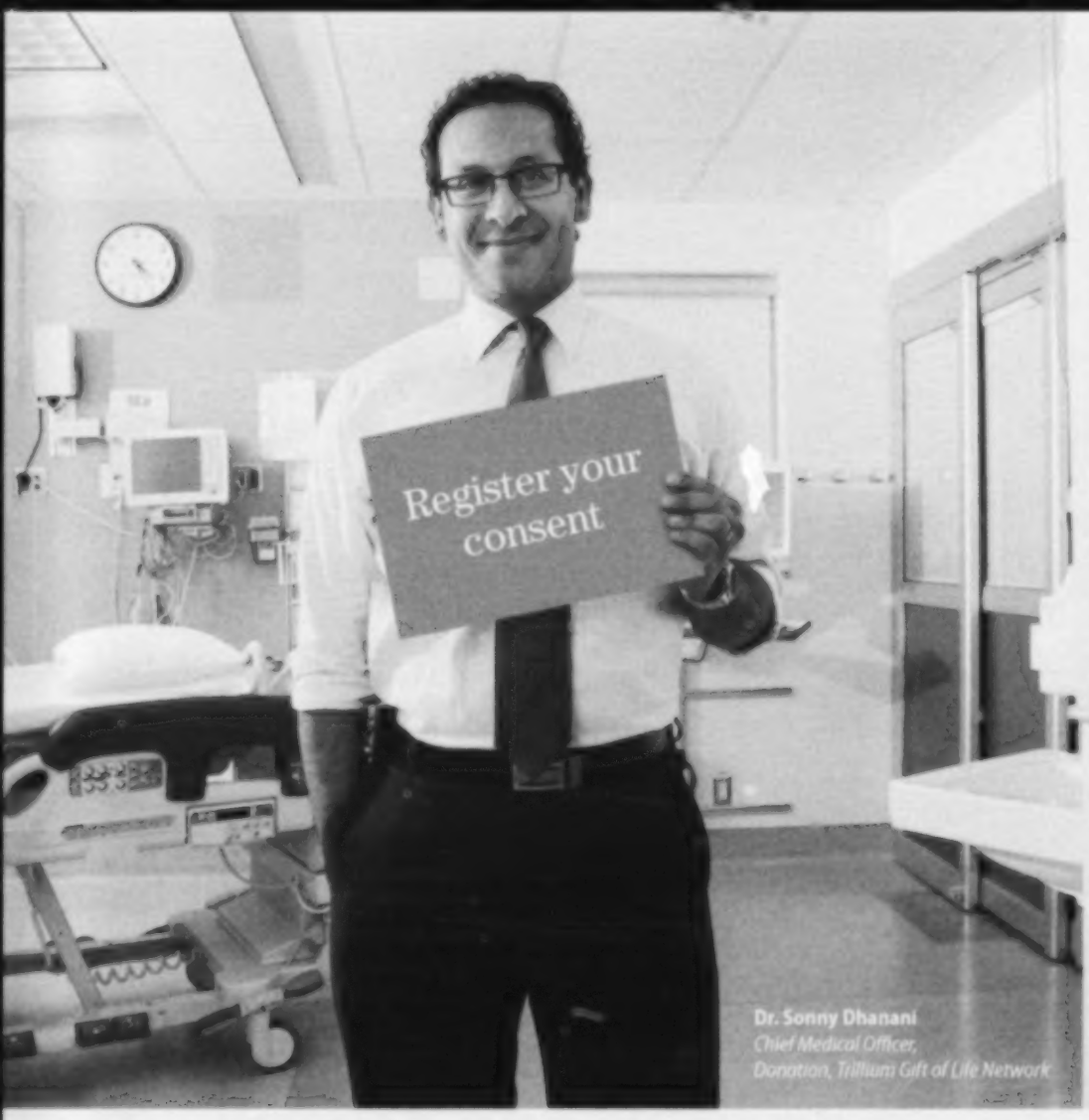
Bone

Bone donation declined in 2011/12 due to a decrease in medical suitability. On a positive note, however, a new bone bank in Thunder Bay opened in 2011, and we are working closely with the Lake Superior Centre for Regenerative Medicine (RegenMed) to support bone donation in Northwestern Ontario. RegenMed has been expanding its donor service area and the recovery of bones across the province. This work will allow us to offer bone donations to a number of bone banks, thus decreasing the incidence of lost bone-recovery opportunities if one bank is unable to recover the tissue.

Andrea Clegg
Cambridge

Heart transplant, December 2010

Andrea *was only 26 when she suffered severe heart failure, and was placed on the transplant waiting list. Doctors implanted a left ventricular assist device (LVAD) to help pump blood throughout her body. The battery-operated device went everywhere she did — Andrea carried it in her backpack. Despite the daily challenges of being hooked up to a mechanical heart, Andrea lived life to the fullest and decided to use her experience to increase awareness of the importance of organ and tissue donation. In December 2010, her gift of a lifetime finally arrived: Andrea received a new heart. Since then, Andrea has shared her experience with others. She founded the Life Donation Awareness Association of Midwest Ontario, volunteers with TGLN and is a member of the Provincial Volunteer Committee.*



Dr. Sonny Dhanani
Chief Medical Officer, Donation, Trillium Gift of Life Network

Objective 3

Implement a comprehensive corporate-wide quality management system, meet reporting requirements and achieve efficiencies in work processes

Quality Assurance

TGLN is committed to ensuring safe and effective practices and the delivery of high-quality services. In 2011/12, we implemented a number of processes to help us reach our quality management goals and comply with Health Canada's *The Safety of Human Cells, Tissues and Organs for Transplantation Regulations (CTO Regulations)*:

- As per Health Canada requirements, four external organ recovery groups, six external laboratories and TGLN's head office were audited by our Quality Department staff. The audit focused on processes implemented by staff and external stakeholders, such as serology laboratories and organ recovery teams, to ensure compliance on organ allocation and chart completion.
- TGLN was audited by one of our tissue banks, The Hospital for Sick Children. We received a perfect score on this external compliance audit.

Continuous Improvement

As part of our continuous improvement-related projects, we initiated a number of new initiatives designed to streamline processes and improve productivity. For example, a TGLN/UHN improvement team completed the redesign of the donor operating room (OR) planning and liver recovery process.

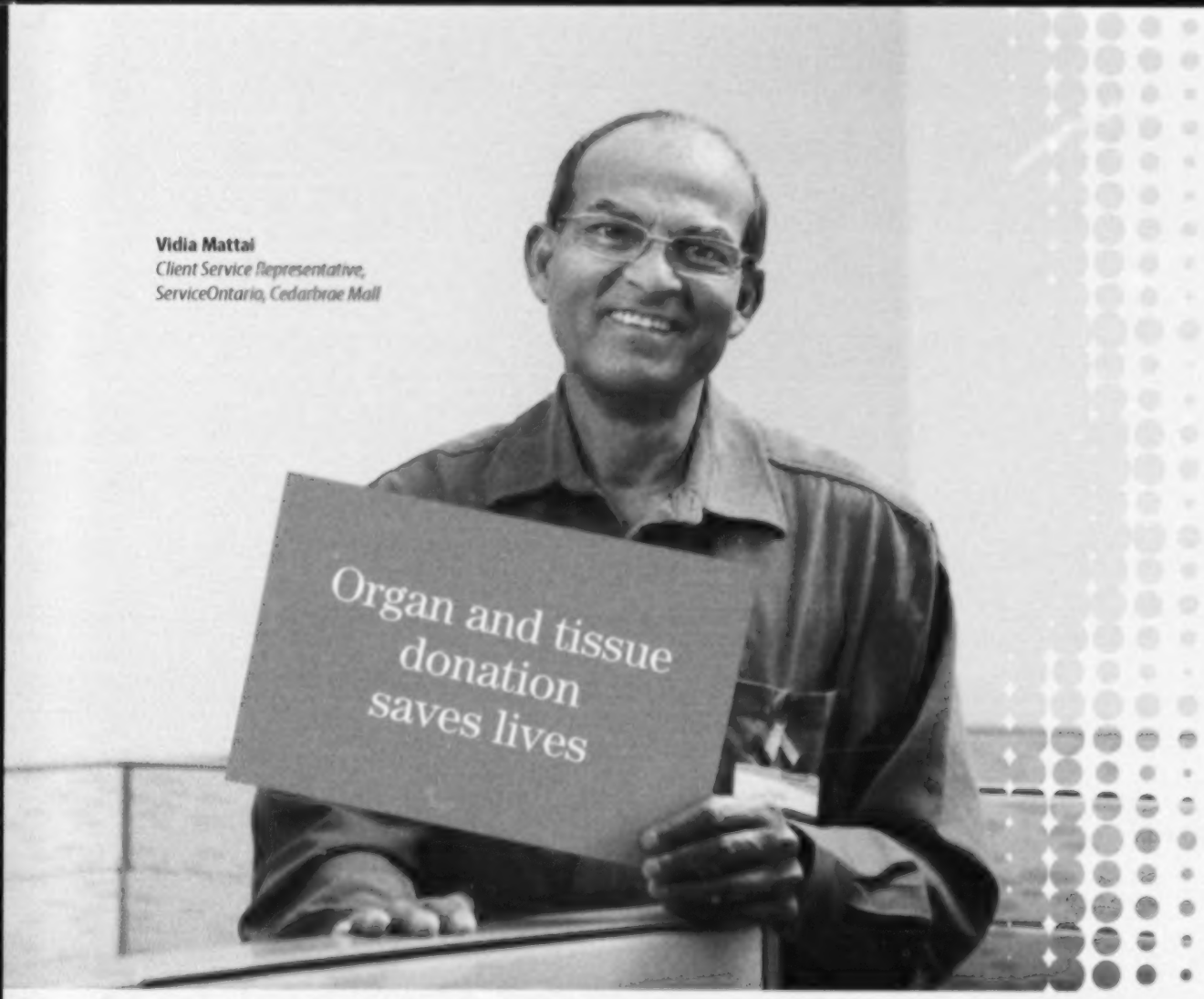
Information Systems

We continue to make significant strides in enhancing our information systems to better meet information requirements that support evidence-based decision-making and facilitate improvements and efficiencies in service delivery. Key accomplishments included:

- The enhancement of performance measurement and reporting capability through improved data collection. Accuracy and ease of access were also enhanced through the provision of additional on-demand reports. Through these improvements, we were able to provide evidence of the influence of best practices on organ donation outcomes. These best practices include timely referral of potential organ donation cases, planning the donation discussion before approaching families and obtaining family consent for donation by our staff.
- Revisions to kidney and liver allocation algorithms in the information system. These changes will improve the equity of organ allocation, streamline the allocation process and enhance safety.
- Enhancements to TOTAL (the organ and tissue donation and transplantation information system). These include improved data entry and validation rules, automation of virtual cross-matching and the inclusion of a panel reactive antibody (PRA)* calculator, which will result in improved data accuracy and create operational efficiencies for TGLN and our human leukocyte antigen (HLA) laboratory partners.
- Provision of a more stable and reliable network infrastructure through upgrades to our mission critical servers, database and end-user equipment.

We implemented key streamlining and productivity improvement processes, to help us reach our quality management goals and comply with Health Canada's CTO Regulations.

* The PRA blood test is routinely performed on patients waiting for kidney and heart transplants. It measures the percentage of anti-human leukocyte antigens in the blood; patients with a high score are more likely to reject a donor organ.



Vidia Mattai
Client Service Representative,
ServiceOntario, Cedarbrae Mall

Objective 4

Work collaboratively with national and provincial partners to ensure appropriate roles, accountabilities and linkages in the donation and transplant system

Response to the Auditor General and Expert Panel

In concert with MOHLTC and in response to recommendations included in the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the *2009 Organ and Tissue Wait Times Expert Panel Report*, in 2011/12 TGLN extended the focus of our mandate to include the transplantation system.

We worked collaboratively with MOHLTC to create a donation and transplantation committee structure. To advance implementation of the recommendations, TGLN engaged provincial partners and experts through five committees and working groups:

- Transplant Steering Committee
- Heart/Lung Working Group
- Liver/Small Bowel Working Group
- Kidney/Pancreas Working Group
- Donation Steering Committee

Terms of Reference for two additional bodies — the Quality Committee and the Tissue Working Group — have also been developed.

Transplant Partnerships

The organ-specific working groups, which consist of clinical and administrative content experts, have been working to develop standardized practices for referral, listing and allocation for the provincial transplant system. These groups, along with Ontario's eight transplant centres, report to the Transplant Steering Committee, which is responsible for approving and communicating policies and monitoring performance.

Donation Partnerships

The Donation Steering Committee includes hospital interdisciplinary donation team members, senior leadership teams and staff from the provincial coroner's office, CritiCall and ORNGE. The committee reviewed and approved a best practices document for use by hospitals in setting their organ and tissue donation policies and procedures, and submitted it to the Critical Care Secretariat and the Canadian Critical Care Society for broader stakeholder input.

Collaboration with Canadian Blood Services

Significant work was undertaken with Canadian Blood Services (CBS) to ensure that Ontario would be launch-ready for the National Organ Waitlist (NOW), which replaces the national waitlist currently maintained by London Health Sciences Centre. To ensure continued efficiency of the organ and tissue donation and transplantation processes in the province, streamline the transfer of Ontario's data to NOW and avoid duplication of data entry by Ontario providers, including transplant programs and HLA laboratories, we worked collaboratively with CBS to create a data interface that will allow for secure data exchange between TGLN's donation information system, TOTAL and CBS's NOW registry. We also developed a data-sharing agreement between TGLN and CBS, in preparation for the launch of the Ontario version of NOW in 2012/13.

Ontario's Transplant Programs

St. Joseph's Health Centre, Hamilton
The Hospital for Sick Children
Kingston General Hospital
London Health Sciences Centre
Ottawa Heart Institute
The Ottawa Hospital
St. Michael's Hospital
University Health Network

Pam Ditner and Janet Parr
Waiting for heart transplants

Objective 5

Achieve 216,000–370,000 additional donor registrations in the MOHLTC database

Overview

As of March 31, 2012, 2.4 million — or 21 per cent — of eligible Ontario residents were registered organ and tissue donors. Increasing the number of registered donors helps saves lives: 23 per cent of Ontario's 222 deceased organ donors in 2011/12 were registered donors.

This year, registered donors increased by 287,325 — surpassing our targeted increase of 216,000. In total, 44,289 registrations came through the new online donor registry, **BeADonor.ca**. Overall, registered donors grew by 13 per cent in 2011/12 compared to a growth rate of 9 per cent in 2010/11.

A number of key factors contributed to this significant increase in donor registrations, including:

- The launch of online donor registration through **BeADonor.ca**, our multi-media campaign to promote online donor registration;

- Continuation of our direct mail strategy, which includes adding organ and tissue donor registration material to Ontario health card and driver's license renewal mailings;
- Earned media and social media outreach; and
- Community outreach and initiatives led by our volunteers.

Online Donor Registration

In June 2011, ServiceOntario launched its much-anticipated online donor registration site, using **BeADonor.ca** as its gateway. The registry is a simple, convenient and quick way for Ontarians to register their consent for organ and tissue donation or to check to see whether they are already registered. Many Ontarians confuse signing a paper donor card with being a registered donor.

The successful launch of

be donor.ca

was a game changer, generating widespread media interest and earning over 300 mentions.

To promote the launch of online donor registration in Ontario, TGLN kicked off an 11-week multi-media advertising campaign, including television, cinema and online advertising that yielded more than 21,000 new online donor registrations. We capped off the fiscal year with another six-week online campaign.

Social and Earned Media

Social media and earned media played significant roles in increasing online donor registration through **BeADonor.ca**. For example, Ottawa's Hélène Campbell strategically and creatively used the power of social media to draw attention to her wait for a double lung transplant. Not only did her outreach help raise the profile of **BeADonor.ca**, it also emphasized the importance of registering consent. Using Facebook and Twitter, Campbell drew intense local media interest and attracted attention and support across Canada and North America from celebrities such as Justin Bieber and Ellen DeGeneres.

Following the successful launch of **BeADonor.ca**, which resulted in more than 300 media stories reaching close to 60 million online users, TGLN continued to engage with the media by issuing standard news releases that attracted 32 media stories, reaching 1.8 million online users in regional dailies, community-news websites and local information blogs.

Service Ontario Partnership

New donor registrations through health card transactions at ServiceOntario centres and mail-ins via driver's licence renewals remained strong throughout the year. Eighty-five per cent of new registrations came through these channels.

Volunteers

We expanded our volunteer base to more than 300 active volunteers across the province. Upwards of 400 volunteer events promoting organ and tissue donor registration were supported, engaging 230 volunteers. We partnered with faith-based leaders and Catholic, Jewish and Muslim groups to enhance awareness of organ and tissue

Mohan Bissoondial
Scarborough

Double cornea transplant, January 1994 and December 1998

***Mohan Bissoondial** is an avid tennis player and a world traveller, but all that was put on hold before he received double corneal tissue transplants — for his left eye in January 1994 and his right eye in December 1998. In keeping with his faith, Mohan believes that it is important to give back to society. That's why he has been an active volunteer for years, working for organizations that promote education, the environment, politics and, of course, organ and tissue donation. "I have a lot to be thankful for, especially the two people who had the foresight, wisdom and courage to donate their corneas." Mohan received his bachelor's degree from the University of Manitoba and his master's degree in marketing from the University of Toronto. For 40 years, he held various management positions at IBM Canada, before retiring three years ago.*

donation, and we promoted donor registration at panel discussions and community events. TGLN also reached out to diverse communities through paid advertising on OMNI Television and in a variety of South Asian publications.

Youth Education

We reached out to youth in the GTA through the *One Life...Many Gifts* initiative, developed in partnership with London Health Sciences Centre and the Kidney Foundation of Canada. Toronto transplant hospitals, led by The Hospital for Sick Children, reached out to school boards in Toronto to offer presentations by health care professionals on understanding organ and tissue donation and transplantation, as well as the benefits of donor registration.

Celebrating Life

TGLN worked hard to expand our support for and recognition of tissue donor families this year. Our donor-recognition event, a *Celebration of Life*, now includes tissue donor families. The support of our Family Services Advisor is also available to families who may have questions or concerns following their donation experience.

Gift of 8 Movement

Significant efforts were made in 2011/12 to develop a new initiative — the Gift of 8 Movement — on our **BeADonor.ca** website. This initiative was launched in April, enabling users to see how many people in their community have registered as donors, and to create a campaign that encourages family, friends and co-workers to register their consent. In the coming fiscal year, through the Gift of 8 Movement, we plan to encourage many more Ontarians to become registered donors.

Organ and Tissue Donation Committee, The Ottawa Hospital:
Jason Hann, Dr. Pagliarella, Yvonne Wilson, Ralph Van Der Hoek, Denise Picard-Stencer (front), Stefanie Currie-McCarragher, Nicholas El-Kada

Objective 6

Improve staff engagement

TGLN's mission — saving and enhancing more lives through the gift of organ and tissue donation and transplantation — creates a real sense of pride and accomplishment amongst TGLN staff, every day. We strive to build on that energy by creating a positive and dynamic work environment that will both attract and retain the best talent.

In 2011/12, TGLN continued to provide staff with the tools and support they need to perform their roles effectively and efficiently. Much of this was accomplished through the use of standardized processes, guides and professional development coaching. As well,

- **TGLN's recruitment process was centralized and streamlined, resulting in a more efficient process to locate and select the right people.**
- **The changes addressed a key challenge related to career development and progression that was highlighted in our *2010 Employee Engagement Survey*.**
- **TGLN's attendance and short-term disability policies were revised to better meet industry norms and staff needs.**

Our mission creates a real sense of pride and accomplishment amongst TGLN staff, every day.

We continue to make tremendous strides as we work towards creating a best-in-class workplace environment, providing the appropriate tools and support to ensure that staff remain engaged and committed to our objective of saving and enhancing more lives in Ontario.

Dale Shippam
Thunder Bay

Heart transplant, February 1999

In February 1999, ***Dale*** *received the gift of a new heart after his own was damaged by a virus. Dale was able to return to the work he loved — firefighting — 13 months later. Since then, the 55-year-old father of four has travelled around the world, and been part of expeditions to Antarctica (Mount Vincent), Nepal (Mount Mera), Spain (Camino de Santiago) and British Columbia (West Coast Trail). Dale's most recent adventure, in April 2010, took him on a ski trip to the North Pole with Dr. Heather Ross from Toronto General Hospital. Dale is grateful every day for the gift he received, and he has been active ever since in raising public awareness of the importance of organ and tissue donation. He regularly speaks at events in the Thunder Bay area. As he says, "My trips across the world help to prove that transplant recipients are able to lead more than just normal lives — they can lead extraordinary lives."*

Table 1

Tissue Donation by Tissue Type

Tissue Type	*FY 2011/12*	*FY 2010/11*	*FY 2009/10*
Ocular Tissue	1,724	1,598*	1,354
Skin	30	10	0
Heart Valves	47	42*	35
Bone	69	84	85
Any Tissue	1,749	1,622*	1,366

* Revised subsequent to previous annual report

Table 2

Tissue Donors by Hospital

Hospital	*FY 2011/12*	*FY 2010/11*	*FY 2009/10*	*% Change FY 2011/12 Over FY 2010/11*	*% Change FY 2011/12 Over FY 2009/10*
Central and GTA Region					
Halton Healthcare Services Corporation	12	10	9	20%	33%
Humber River Regional Hospital	18	6	3	200%	500%
Lakeridge Health Corporation	64	74*	31*	-14%	106%
Mount Sinai Hospital	15	4	6	275%	150%
Peterborough Regional Health Centre	12	3	3	300%	300%
Royal Victoria Hospital	63	50	53	26%	19%
Southlake Regional Health Centre	28	11	6	155%	367%
St. Joseph's Health Centre	19	–	2	–	850%
St. Michael's Hospital	56	68	51	-18%	10%
Sunnybrook Health Sciences Centre	69	49	44	41%	57%
The Credit Valley Hospital	24	7	3	243%	700%
The Hospital for Sick Children	10	15	8	-33%	25%
The Scarborough Hospital	33	47*	29	-30%	14%
Toronto East General Hospital	16	2	6	700%	167%
Trillium Health Centre	53	56	52	-5%	2%
University Health Network	122	106	88	15%	39%
William Osler Health Centre	52	49	32	6%	63%
York Central Hospital	17	19	12	-11%	42%
Other Hospitals of Central and GTA Region	53	52	50	2%	6%
Total for Central and GTA Region	**736**	**628***	**488**	**17%**	**51%**

Continued on page 23

Table 2 *(continued from page 22)*

Tissue Donors by Hospital

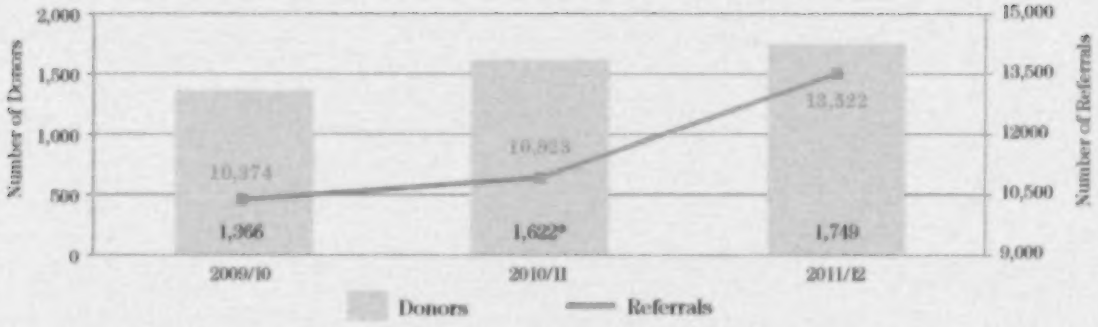
Hospital	*FY 2011/12*	*FY 2010/11*	*FY 2009/10*	*% Change FY 2011/12 over FY 2010/11*	*% Change FY 2011/12 over FY 2009/10*
Eastern Region					
Children's Hospital of Eastern Ontario	3	5	5	-40%	-40%
Kingston General	99	128	112	-23%	-12%
The Ottawa Hospital	136	172*	146	-21%	-7%
Other Hospitals of Eastern Region	43	48	55	-10%	-22%
Total for Eastern Region	**281**	**353***	**318**	**-20%**	**-12%**
Northern Region					
Health Sciences North	79	72	63*	10%	25%
Thunder Bay Regional Health Sciences Centre	64	36	25*	78%	156%
Other Hospitals of Northern Region	6	4	10	50%	-40%
Total for Northern Region	**149**	**112**	**98**	**33%**	**52%**
South West Region					
Blue Water Health – Sarnia	8		1		700%
Chatham-Kent Health Alliance	7	1	1	600%	600%
Grand River Hospital Corporation	43	26	40	65%	8%
Hamilton Health Sciences Centre	114	136	125	-16%	-9%
Hôtel-Dieu Grace Hospital	64	58	46	10%	39%
Leamington District Memorial	1	1	1	0%	0%
London Health Sciences Centre	145	112	68	29%	113%
Niagara Health System	94	77*	62*	22%	52%
St. Mary's General Hospital	40	38	23	5%	74%
Windsor Regional Hospital	22	4	8	450%	175%
Other Hospitals of South West Region	20	29	36	-31%	-44%
Total for South West Region	**558**	**482***	**411**	**16%**	**36%**
Total for Unknown Facilities	**25**	**47**	**51**	**-47%**	**-51%**
Total for All Regions	**1,749**	**1,622***	**1,366**	**8%**	**28%**

* Revised subsequent to previous annual report

NOTES:
Donors: Number of individual tissue donors from whom at least one type of tissue was recovered. All cases with no information on referring hospital are counted within "Total for Unknown Facilities."

Figure 1

Tissue Referrals and Donors



* Revised subsequent to previous annual report

Figure 2

Call-Screen-Connect Strategy – TGLN/Hospital Approach Ratio

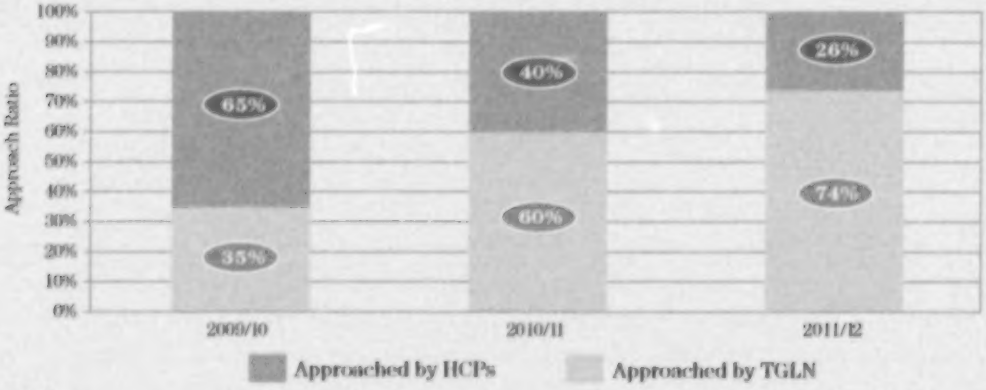
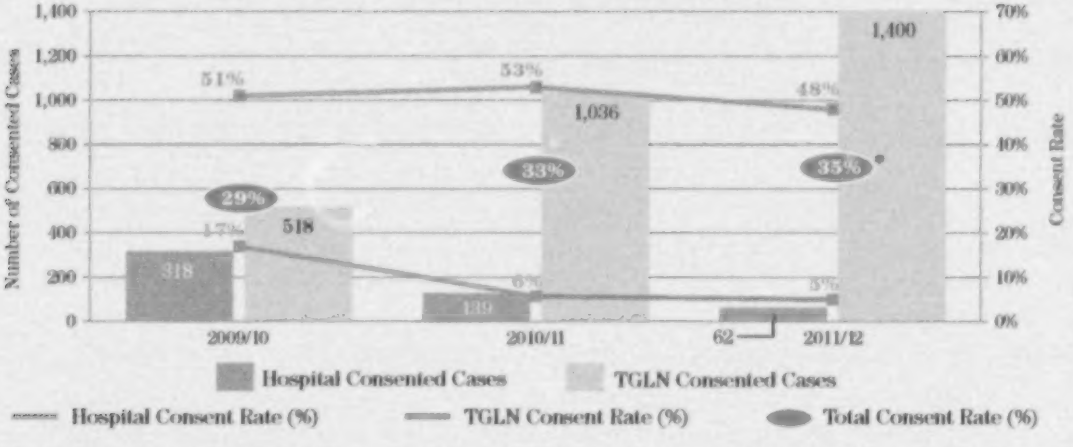


Figure 3

Call-Screen-Connect Strategy – TGLN/Hospital Consent Ratio



* Consent rate for tissue exclusive donors at Call-Screen-Connect Hospitals. Excludes combined organ and tissue donors.

Table 3

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	*FY 2011/12*	*FY 2010/11*	*FY 2009/10*
Potential Organ Donors	392	413	445
Organ Donors	189	185	202
Referral Rate	98%	98%	97%
Declaration Rate	73%	68%	69%
Approach Rate	88%	80%	83%
Consent Rate	73%	74%	69%
Recovery Rate	85%	89%	86%
Conversion Rate	60%	55%	53%

Definitions

Potential organ donors: Under TGLN's measurement system, potential organ donors are called potential eligible cases. There are three categories of potential eligible cases:

1. Cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
2. Cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions;
3. Realized donation after cardiac death (DCD) cases.

An **organ donor** means that at least one organ from a deceased person is recovered and transplanted. That deceased person becomes an organ donor.
Probable cases are potential eligible cases as well as cases found medically unsuitable before or after consent for donation is obtained.
Referral rate is the percentage of probable cases referred to TGLN.
Declaration rate is the percentage of probable cases declared neurologically (brain) dead.
Approach rate is the percentage of probable cases removing those cases determined to be medically unsuitable or not brain dead before an approach is made.
Consent rate is the percentage of approached cases where consent has been obtained for deceased organ donation.
Recovery rate is the percentage of cases where consent was obtained and at least one organ was recovered and transplanted.
Conversion rate is the percentage of potential organ donors converted into actual donors.

Table 4

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2011/12*	*FY 2010/11*	*FY 2009/10*
Deceased Donors from Ontario	222	213	221
NDD Donors from Ontario	181	172	186
DCD Donors from Ontario	41	41	35
Living Donors from Ontario	254	254*	280
All Ontario Donors	**476**	**467***	**501**
Deceased Donors from Other Canadian Provinces	60	50	58
Deceased Donors from the United States	11	12	11
All Out-of-Province Donors	**71**	**62**	**69**

* Revised subsequent to previous annual report

Definitions

NDD: Neurological determination of death
DCD: Donations after cardiac death

Table 5a

Deceased Organ Donors by Region and Hospital

Region/Hospital	*2011/2012*	*2010/2011*	*2009/2010*
Central and GTA	**97**	**93**	**105**
Lakeridge Health Corporation	5	7	4
Royal Victoria Hospital	2	5	6
St. Michael's Hospital	16	13	18
Sunnybrook Health Sciences Centre	14	12	20
The Hospital for Sick Children	6	12	4
The Scarborough Hospital	3	2	4
Trillium Health Centre	8	4	11
University Health Network	11	11	10
William Osler Health System	9	7	9
York Central Hospital	2	3	5
Humber River Regional Hospital	–	2	3
Southlake Regional Health Centre	8	1	1
Mount Sinai Hospital	1	1	3
Halton Healthcare Services	2	1	2
The Credit Valley Hospital	2	3	–
Peterborough Regional Health Centre	3	3	1
St. Joseph's Health Centre – Toronto	1	2	–
Toronto East General Hospital	–	–	1
Other Hospitals	4	4	3
East	**34**	**35**	**26**
Children's Hospital of Eastern Ontario	4	1	2
Kingston General Hospital	9	8	9
The Ottawa Hospital	18	22	15
Other Hospitals	3	4	–
North	**16**	**16**	**8**
Health Sciences North	7	8	4
Thunder Bay Regional Health Sciences Centre	7	6	4
Other Hospitals	2	2	–
South West	**75**	**69**	**82**
Blue Water Health – Sarnia	2	–	–
Grand River Hospital Corporation	2	6	1
Hamilton Health Sciences Centre	30	26	35
Hôtel-Dieu Grace Hospital	8	6	6
London Health Sciences Centre	25	21	26
Niagara Health System	1	3	6
St. Mary's General Hospital	2	2	3
Windsor Regional Hospital	1	1	3
Other Hospitals	4	4	2
Grand Total	**222**	**213**	**221**

Table 5b

Conversion Rate by Region and Hospital

Region/Hospital	*2011/2012*	*2010/2011*	*2009/2010*
Central and GTA			
Lakeridge Health Corporation	31%	54%	–
Royal Victoria Hospital	50%	83%	75%
St. Michael's Hospital	76%	57%	60%
Sunnybrook Health Sciences Centre	61%	50%	45%
The Hospital for Sick Children	46%	63%	50%
The Scarborough Hospital	50%	13%	15%
Trillium Health Centre	47%	22%	52%
University Health Network	79%	42%	29%
William Osler Health System	26%	26%	39%
York Central Hospital	29%	33%	38%
Humber River Regional Hospital			
Southlake Regional Health Centre			
Mount Sinai Hospital			
Halton Healthcare Services			
The Credit Valley Hospital			
Peterborough Regional Health Centre			
St. Joseph's Health Centre – Toronto			
Toronto East General Hospital			
Other Hospitals			
East			
Children's Hospital of Eastern Ontario	80%	100%	100%
Kingston General Hospital	69%	44%	35%
The Ottawa Hospital	95%	92%	100%
Other Hospitals			
North			
Health Sciences North	70%	62%	50%
Thunder Bay Regional Health Sciences Centre	58%	75%	100%
Other Hospitals			
South West			
Blue Water Health – Sarnia			
Grand River Hospital Corporation	22%	86%	17%
Hamilton Health Sciences Centre	75%	67%	76%
Hôtel-Dieu Grace Hospital	57%	60%	75%
London Health Sciences Centre	74%	75%	68%
Niagara Health System	50%	60%	67%
St. Mary's General Hospital	100%	67%	75%
Windsor Regional Hospital			
Other Hospitals			
Grand Total	**60%**	**55%**	**53%**

NOTE: Blank entries are indicative of newly designated hospitals with no previous conversion rate data available.

Table 6

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2011/12*			*2010/11*			*2009/10*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	52	0	52	55	0	55	58	0	58
Kidney	287	73	360	284	72*	356*	304	63	367
Liver	165	13	178	149	10	159	156	13	169
Lung	141	22	163	90	16	106	127	18	145
Pancreas – Islets	38	0	38	45	0	45	24	1	25
Pancreas – Whole	31	4	35	21	2	23	37	0	37
Small Bowel	0	0	0	1	0	1	0	0	0
Total	**714**	**112**	**826**	**645**	**100***	**745***	**706**	**95**	**801**

* Revised subsequent to previous annual report

Table 7

Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	*2011/12*		*2010/11*		*2009/10*	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	41	2.73	41	2.44	35	2.71
NDD	181	3.94	172	3.75	186	3.8
Total	**222**	**3.72**	**213**	**3.5**	**221**	**3.62**

Organ Utilization			
Organ Type	*2011/12*	*2010/11*	*2009/10*
Heart	0.23	0.26*	0.26
Kidney	0.81	0.84*	0.83
Liver	0.78	0.73*	0.74
Lung	0.37	0.25*	0.33
Pancreas – Islets	0.17	0.21*	0.11
Pancreas – Whole	0.15	0.11	0.17
Small Bowel	0	0.01	0

* Revised subsequent to previous annual report

Table 8

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

	2011/12	*2010/11*	*2009/10*
Kidney from Deceased Donors	322	333	333
Kidney from Living Donors	203	212*	235
Liver from Deceased Donors	186	166	176
Liver from Living Donors	51	42	45
Heart	71	66	62
Lung	114	77	100
Pancreas	9	7	18
Small Bowel	0	1	0
Kidney/Pancreas	28	19	21
Heart/Lung	0	1	2
Liver/Kidney	4	4	2
Liver/Heart	0	1	0
Liver/Bowel	0	0	0
Liver/Lung	0	0	1
Liver/Pancreas	0	0	1
Total	**988**	**929**	**996**

* Revised subsequent to previous annual report

Table 9

Waiting List for Organ Transplant

Organ	*March 31, 2012*	*March 31, 2011*	*March 31, 2010*
Kidney	1,086	1,056	1,163
Liver	231	232	280
Heart	57	64	58
Lung	66	65	45
Pancreas	35	26	15
Small Bowel	0	0	3
Kidney/Pancreas	49	51	45
Heart/Lung	1	1	2
Total	**1,525**	**1,495**	**1,611**

Table 10

Deceased Organ Donation Funding to Hospitals

Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Brantford General Hospital	4	$3,200	4	$8,200	4	$12,600	$24,000
Children's Hospital of Eastern Ontario	6	$4,800	4	$8,200	4	$12,600	$25,600
Grand River Hospital Corporation	19	$15,200	6	$12,300	2	$6,300	$33,800
Guelph General Hospital	1	$800	1	$2,050	0	0	$2,850
Halton Healthcare Services	3	$2,400	2	$4,100	2	$6,300	$12,800
Halton Healthcare Services – Milton Site	1	$800	1	$2,050	1	$3,150	$6,000
Halton Healthcare Services – Oakville Trafalgar Site	2	$1,600	1	$2,050	1	$3,150	$6,800
Hamilton Health Sciences Centre	57	$45,600	40	$82,000	33	$103,950	$231,550
Hamilton Health Sciences Centre – Hamilton General Hospital	45	$36,000	31	$63,550	26	$81,900	$181,450
Hamilton Health Sciences Centre – Juravinski Hospital	1	$800	0	0	0	0	$800
Hamilton Health Sciences Centre – McMaster University Medical Centre	11	$8,800	9	$18,450	7	$22,050	$49,300
Health Sciences North	20	$16,000	11	$22,550	8	$25,200	$63,750
Hopital Montfort	2	$1,600	1	$2,050	0	0	$3,650
Hôtel-Dieu Grace Hospital	27	$21,600	10	$20,500	8	$25,200	$67,300
Humber River Regional Hospital	6	$4,800	0	0	0	0	$4,800
Humber River Regional Hospital – Finch Avenue Site	1	$800	0	0	0	0	$800
Humber River Regional Hospital – Church Street Site	5	$4,000	0	0	0	0	$4,000
Kingston General Hospital	30	$24,000	15	$30,750	9	$28,350	$83,100
Lakeridge Health Corporation	16	$12,800	6	$12,300	5	$15,750	$40,850
Lakeridge Health – Oshawa	16	$12,800	6	$12,300	4	$12,600	$37,700
Lakeridge Health – Whitby	0	0	0	0	1	$3,150	$3,150
London Health Sciences Centre	63	$50,400	37	$75,850	26	$81,900	$208,150
Children's Hospital of Western Ontario	2	$1,600	1	$2,050	1	$3,150	$6,800
University Hospital	43	$34,400	24	$49,200	19	$59,850	$143,450
Victoria Hospital – London	18	$14,400	12	$24,600	6	$18,900	$57,900
Markham Stouffville Hospital	3	$2,400	1	$2,050	1	$3,150	$7,600
Mount Sinai Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Niagara Health System	6	$4,800	1	$2,050	1	$3,150	$10,000
Niagara Health – Greater Niagara General	3	$2,400	1	$2,050	1	$3,150	$7,600
Niagara Health – St. Catharines General Site	1	$800	0	0	0	0	$800
Niagara Health – Welland County Site	2	$1,600	0	0	0	0	$1,600
North York General Hospital	5	$4,000	3	$6,150	2	$6,300	$16,450
Peterborough Regional Health Centre	3	$2,400	3	$6,150	3	$9,450	$18,000
Quinte Healthcare Corporation	1	$800	1	$2,050	1	$3,150	$6,000

Continued on page 31

(Continued from page 30)

Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Rouge Valley Health System	5	$4,000	1	$2,050	0	0	$6,050
Rouge Valley Health System – Ajax Site	1	$800	1	$2,050	0	0	$2,850
Rouge Valley Health System – Centenary Site	4	$3,200	0	0	0	0	$3,200
Royal Victoria Hospital	8	$6,400	3	$6,150	3	$9,450	$22,000
Sarnia General Hospital	4	$3,200	2	$4,100	2	$6,300	$13,600
Sault Ste. Marie General Hospital	4	$3,200	2	$4,100	2	$6,300	$13,600
Soldiers' Memorial Hospital	3	$2,400	2	$4,100	2	$6,300	$12,800
South Huron Hospital Association	1	$800	0	0	0	0	$800
Southlake Regional Health Centre	15	$12,000	9	$18,450	8	$25,200	$55,650
St. Joseph's Health Centre – Toronto	7	$5,600	3	$6,150	2	$6,300	$18,050
St. Joseph's Health Centre – Sarnia	1	$800	0	0	0	0	$800
St. Joseph's Healthcare System – Hamilton	3	$2,400	0	0	0	0	$2,400
St. Mary's General Hospital	3	$2,400	2	$4,100	2	$6,300	$12,800
St. Michael's Hospital	40	$32,000	23	$47,150	20	$63,000	$142,150
Stratford General Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Sunnybrook Health Sciences Centre	35	$28,000	18	$36,900	15	$47,250	$112,150
The Credit Valley Hospital	7	$5,600	3	$6,150	2	$6,300	$18,050
The Hospital for Sick Children	16	$12,800	7	$14,350	6	$18,900	$46,050
The Ottawa Hospital	36	$28,800	23	$47,150	22	$69,300	$145,250
Ottawa Hospital Civic Campus	29	$23,200	18	$36,900	16	$50,400	$110,500
Ottawa Hospital General Campus	7	$5,600	5	$10,250	6	$18,900	$34,750
The Public General Hospital Society of Chatham	1	$800	0	0	0	0	$800
The Scarborough Hospital	9	$7,200	5	$10,250	5	$15,750	$33,200
Scarborough General Hospital	6	$4,800	3	$6,150	3	$9,450	$20,400
Scarborough Hospital – Birchmount Campus	3	$2,400	2	$4,100	2	$6,300	$12,800
Thunder Bay Regional Health Sciences Centre	20	$16,000	10	$20,500	7	$22,050	$58,550
Timmins and District Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Toronto East General Hospital	7	$5,600	0	0	0	0	$5,600
Trillium Health Centre	25	$20,000	9	$18,450	8	$25,200	$63,650
University Health Network	35	$28,000	20	$41,000	14	$44,100	$113,100
Toronto General Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Toronto Western Hospital	33	$26,400	19	$38,950	13	$40,950	$106,300
University of Ottawa Heart Institute	2	$1,600	1	$2,050	0	0	$3,650
William Osler Health System	29	$23,200	10	$20,500	9	$28,350	$72,050
William Osler Health System – Brampton Civic Hospital	20	$16,000	7	$14,350	6	$18,900	$49,250
William Osler Health System – Etobicoke General Hospital	9	$7,200	3	$6,150	3	$9,450	$22,800
Windsor Regional Hospital	7	$5,600	3	$6,150	3	$9,450	$21,200
Windsor Regional Hospital (Western Campus)	1	$800	0	0	0	0	$800
Windsor Regional Hospital (Metropolitan Campus)	6	$4,800	3	$6,150	3	$9,450	$20,400
York Central Hospital	10	$8,000	3	$6,150	3	$9,450	$23,600
Total	**609**	**$487,200**	**308**	**$631,400**	**247**	**$778,050**	**$1,896,650**

Figure 4

Percentage of Registered Donors Among Health Card Holders Aged 16 Years+

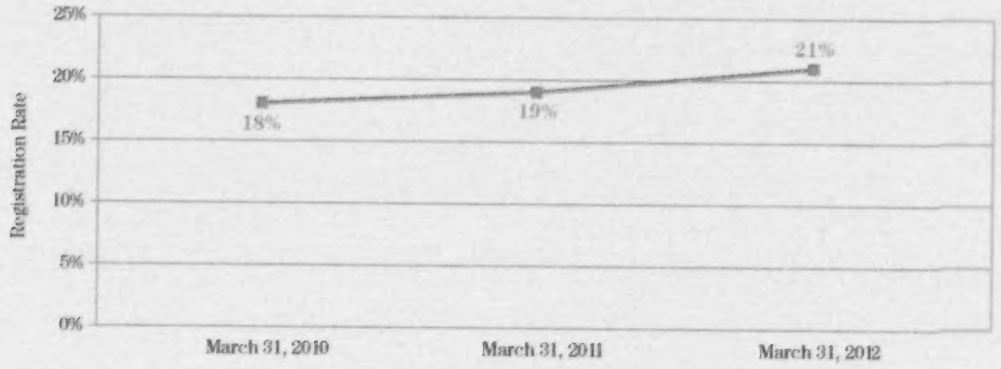
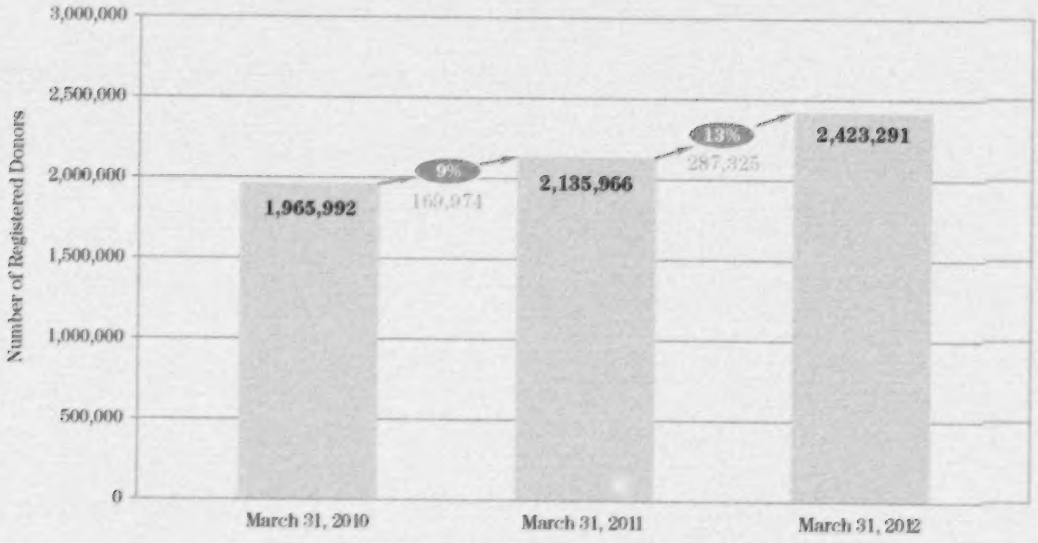


Figure 5

Growth in Registered Donors



Appendix III – Board of Directors as of March 31, 2012

Board of Directors	*Appointed*	*Reappointed*	*Term Expires*
Rabbi Dr. Reuven P. Bulka, Chair	December 1, 2004	December 1, 2011	November 30, 2012
Diane Craig	December 8, 2004	December 8, 2010	December 7, 2013
Christine Clark	September 3, 2008	September 3, 2011	September 2, 2012
Dr. Diane Hebert	December 1, 2004	December 1, 2010	November 30, 2012
May Ye Lee	December 8, 2004	December 8, 2010	December 7, 2012
Bernadette MacDonald	December 8, 2004	June 8, 2012	December 7, 2012
Dr. Kenneth Pritzker	March 3, 2010	N/A	March 2, 2013
Dr. Miriam Frances Rossi	December 1, 2004	December 1, 2009	November 30, 2012
Karen Belaire	January 4, 2011	N/A	January 4, 2014
Fazilah Hussain	May 4, 2011	N/A	May 4, 2014

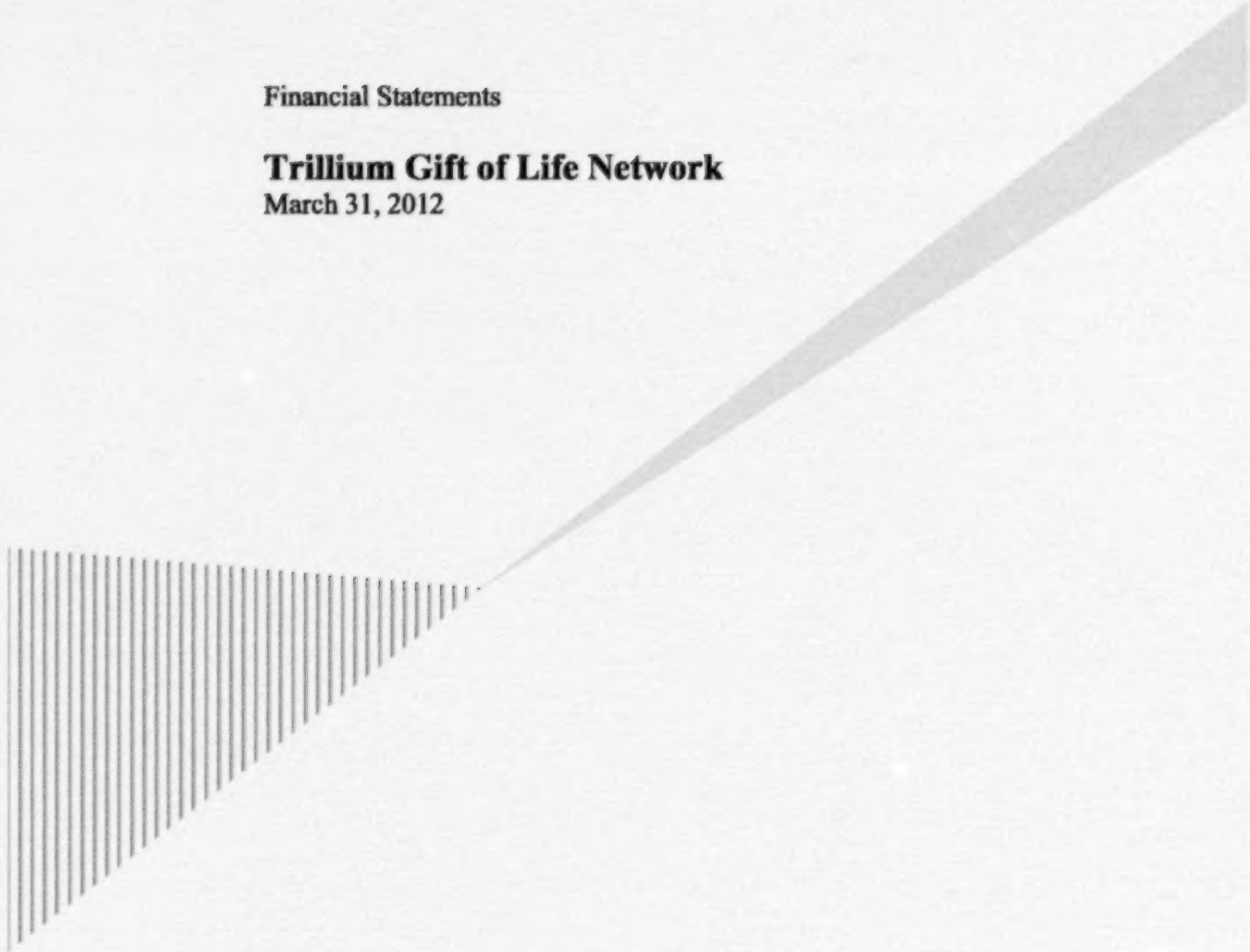
Appendix IV – Management Group as of March 31, 2012

Ronnie Gavsie	*President and Chief Executive Officer*
Janet MacLean	*Vice-President, Clinical Affairs*
Versha Prakash	*Vice-President, Operations*
Julie Trpkovski	*Vice-President, Transplant*
Tony Nacev	*Director, Finance, Human Resources and Administration*
Dan Tsujiuchi	*Finance Manager*
Bev Mitchell *(On Leave)*	*Human Resources Leader*
Shoshana Klein	*Human Resources Team Lead*
Karyn Hyjek	*Director, Communications (Interim)*
Keith Wong	*Director, Information Systems*
Jerry Zhao	*Manager, Application Development*
Clare Payne	*Director, Provincial Resource Centre*
Victoria Leist	*Manager, Provincial Resource Centre, Organs*
Christine Humphreys	*Manager, Provincial Resource Centre, Tissue*
Janice Beitel	*Director Hospital Programs Education and Professional Practice*
Rob Sanderson	*Manager, Hospital Programs*
Lisa MacIsaac	*Director, Project Management*
John Hanright	*Director, Quality Assurance and Performance Improvement*

Financial Statements

Trillium Gift of Life Network

March 31, 2012



Ernst & Young

Quality In Everything We Do

INDEPENDENT AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2012 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting standards.

Ernst & Young LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Canada,
June 11, 2012.

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2012 $	2011 $
ASSETS		
Current		
Cash and cash equivalents	**9,675,296**	9,768,423
HST recoverable	**986,212**	306,159
Other receivables	**10,264**	79,035
Prepaid expenses	**69,719**	33,929
Total current assets	**10,741,491**	10,187,546
Capital assets, net *[note 5]*	**624,803**	556,747
	11,366,294	10,744,293
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**10,418,785**	3,723,341
Deferred contributions *[note 6]*	**131,457**	6,213,350
Total current liabilities	**10,550,242**	9,936,691
Deferred funding for capital assets *[note 7]*	**277,864**	375,878
Total liabilities	**10,828,106**	10,312,569
Commitments *[note 10]*		
Net assets		
Unrestricted	**320,786**	269,901
Board restricted *[note 8]*	**217,402**	161,823
Total net assets	**538,188**	431,724
	11,366,294	10,744,293

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2012 $	2011 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 6]*		
- Operations	**23,050,232**	14,782,433
- Deceased Organ Donation Managed Fund	**1,726,400**	1,640,005
- Education Program	**—**	92,385
- PRELOD Managed Fund	**167,625**	170,666
- TPER Managed Fund	**147,228**	96,308
Amortization of deferred funding for capital assets *[note 7]*	**98,014**	252,626
Ontario Ministry of Education	**—**	101,932
Interest income	**50,885**	25,733
Other	**194**	20,672
Donations *[note 8]*	**72,910**	51,144
	25,313,488	17,233,904
EXPENSES		
Salaries and employee benefits *[note 9]*	**11,229,064**	10,189,807
Communications	**7,694,153**	1,327,348
Medical supplies and testing	**1,498,580**	1,024,863
General and administrative	**1,029,134**	755,992
Information systems	**748,598**	645,059
Office rent and maintenance	**572,833**	514,628
Amortization of capital assets	**223,873**	374,765
Community projects *[note 8]*	**17,331**	21,249
Deceased Organ Donation Managed Fund	**1,878,605**	1,786,950
Education Project	**—**	269,261
PRELOD Managed Fund	**167,625**	170,666
TPER Managed Fund	**147,228**	96,308
	25,207,024	17,176,896
Excess of revenue over expenses for the year	**106,464**	57,008

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2012		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**269,901**	**161,823**	**431,724**
Excess of revenue over expenses for the year	**106,464**	—	**106,464**
Interfund transfers, net *[note 8]*	**(55,579)**	**55,579**	—
Net assets, end of year	**320,786**	**217,402**	**538,188**

	2011		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	242,788	131,928	374,716
Excess of revenue over expenses for the year	57,008	—	57,008
Interfund transfers, net *[note 8]*	(29,895)	29,895	—
Net assets, end of year	269,901	161,823	431,724

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2012 $	2011 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**106,464**	57,008
Add (deduct) items not involving cash		
Amortization of capital assets	**223,873**	374,765
Amortization of deferred funding for capital assets	**(98,014)**	(252,626)
	232,323	179,147
Changes in non-cash working capital balances related to operations		
HST recoverable	**(680,053)**	(188,981)
Other receivables	**68,771**	(79,035)
Prepaid expenses	**(35,790)**	(13,800)
Accounts payable and accrued liabilities	**6,695,444**	885,136
Deferred contributions	**(6,081,893)**	1,530,069
Cash provided by operating activities	**198,802**	2,312,536
INVESTING ACTIVITIES		
Acquisition of capital assets	**(291,929)**	(166,875)
Cash used in investing activities	**(291,929)**	(166,875)
Net increase (decrease) in cash and cash equivalents during the year	**(93,127)**	2,145,661
Cash and cash equivalents, beginning of year	**9,768,423**	7,622,762
Cash and cash equivalents, end of year	**9,675,296**	9,768,423

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Financial instruments

The Network has chosen to apply CICA 3861: *Financial Instruments - Disclosure and Presentation*, in place of CICA 3862: *Financial Instruments - Disclosures*, and CICA 3863: *Financial Instruments - Presentation*.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at date of purchase.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2012

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Internally developed computer software	5 years
Computer hardware and other software	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

3. FUTURE CHANGES IN ACCOUNTING POLICIES

Effective for the fiscal year beginning April 1, 2012, the Network will be required to follow the accounting policies in the Public Sector Accounting ["PSA"] Handbook. The Network will adopt the new standards in its fiscal 2013 financial statements. The Network is currently evaluating the impact of adopting the PSA Handbook standards.

The Public Sector Accounting Board has approved the inclusion of the CICA Handbook - Accounting standards addressing issues unique to not-for-profit organizations into the PSA Handbook as the PS4200 series. The application of the PS4200 series by government not-for-profit organizations is optional. The Network intends to apply the PS4200 series when adopting the PSA Handbook standards.

4. CAPITAL MANAGEMENT

In managing capital, the Network focuses on liquid resources available for operations. The Network's objective is to have sufficient liquid resources to continue operating despite adverse events with financial consequences and to provide it with the flexibility to take advantage of opportunities that will advance its purposes. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to budget. As at March 31, 2012, the Network has met its objective of having sufficient liquid resources to meet its current objectives.

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

5. CAPITAL ASSETS

Capital assets consist of the following:

	2012		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	555,461	412,911	142,550
Leasehold improvements	687,937	398,665	289,272
Internally developed computer software	842,122	842,122	—
Computer hardware and other software	834,158	641,177	192,981
	2,919,678	2,294,875	624,803

	2011		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	475,628	365,042	110,586
Leasehold improvements	687,937	325,792	362,145
Internally developed computer software	842,122	842,122	—
Computer hardware and other software	622,062	538,046	84,016
	2,627,749	2,071,002	556,747

6. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2012 $	2011 $
Balance, beginning of year	6,213,350	4,726,472
Contributions received	25,223,131	20,458,598
Amount recognized as revenue	(25,091,679)	(16,883,729)
Amount transferred to deferred capital contributions	—	(43,191)
Amount repayable to the Ontario Ministry of Health and Long-Term Care	(6,213,345)	(2,044,800)
Balance, end of year	131,457	6,213,350

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NOTES TO FINANCIAL STATEMENTS

March 31, 2012

7. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2012 $	2011 $
Balance, beginning of year	**375,878**	585,313
Add contributions transferred from deferred contributions	—	43,191
Less amortization of deferred funding for capital assets	**(98,014)**	(252,626)
Balance, end of year	**277,864**	375,878

8. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $72,910 [2011 - $51,144] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of community projects during the year from the Board restricted net assets of $17,331 [2011 - $21,249] for a net transfer from unrestricted net assets to Board restricted net assets of $55,579 [2011 - $29,895].

9. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit pension plan.

The Network's contributions to HOOPP during the year amounted to $704,027 [2011 - $677,303] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2011 disclosed net assets available for benefits of $40,321 million with pension obligations of $36,782 million, resulting in a surplus of $3,539 million.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2012

10. LEASE COMMITMENTS

Future minimum annual payments over the next five years and thereafter under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2013	317,887
2014	313,262
2015	294,850
2016	282,776
2017	40,173
2018 and thereafter	—

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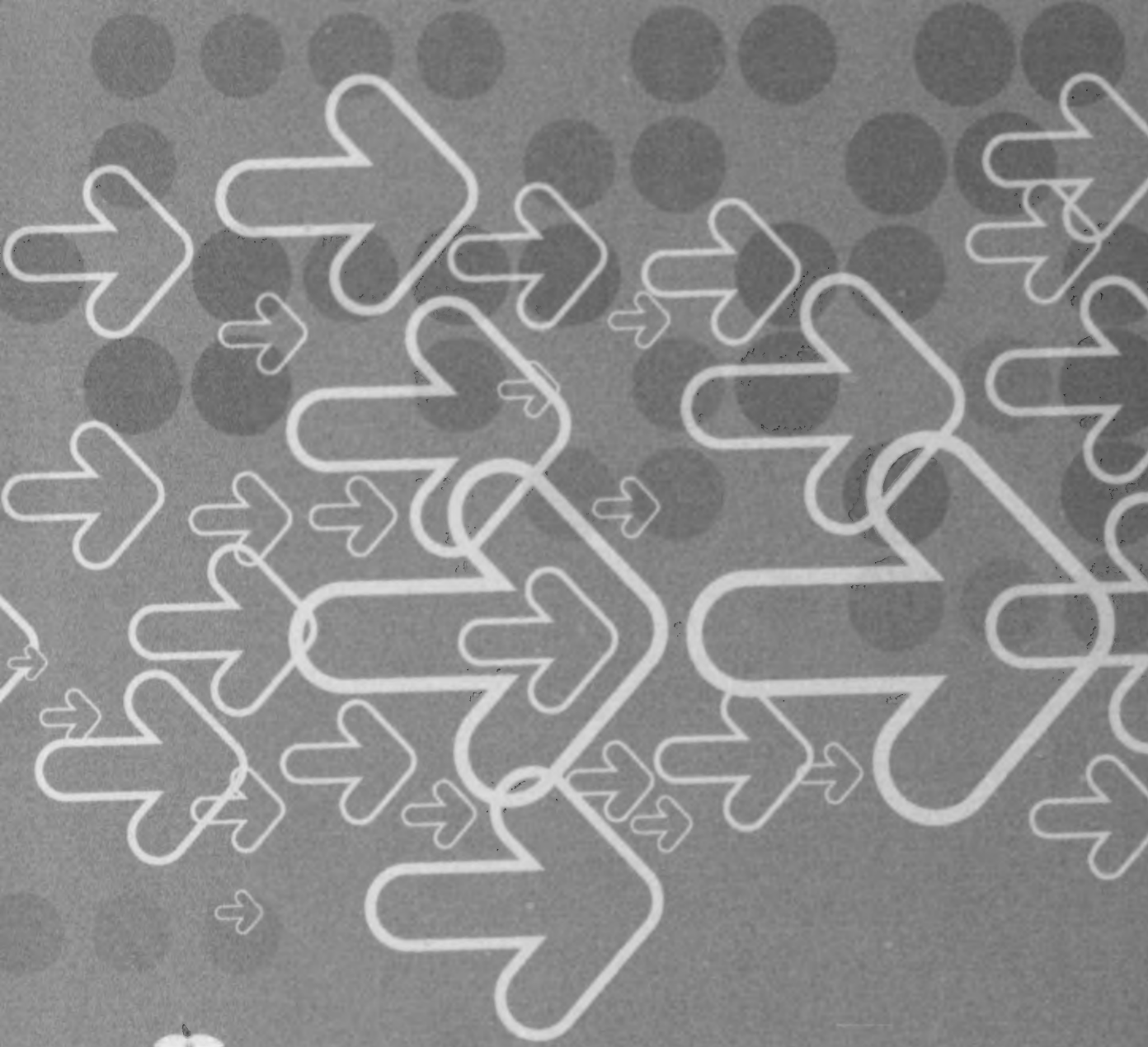

Gift of Life

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